Details

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NPDES FORM 6100-034		IDAHO DEPARTMENT OF ENVIRONMENTAL QUALITY 1410 N. HILTON BOISE, ID 83706 NOTICE OF INTENT (NOI) FOR NPDES PERMIT COVERAGE UNDER AQUACULTURE FACILITIES IN IDAHO EXCLUDING FACILITIES DISCHARGING INTO THE UPPER SNAKE-ROCK SUBBASIN (IDG131000)	Form Approved. OMB No. 2040-0004 Exp. 03/31/2022

Permit Information

Master Permit Number IDG131000

NPDES ID: IDG131005

Public Availability of Information Submitted on and with General Permit Reports
EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the NPDES eReporting Help Desk (NPDESeReporting@epa.gov (mailto:NPDESereporting@epa.gov)) for further guidance.

Eligibility Information

State/territory where your facility is located: ID

Is your facility located on Indian Country lands? No

Are you a Federal Operator? No

By indicating "Yes" below, I confirm that I understand a facility is authorized to discharge to receiving waters of the United States within the State of Idaho, excluding Indian Country, under this General Permit after obtaining written authorization from EPA (see the provisions of Part II.A).
Yes

Does your facility discharge into the Upper Snake-Rock subbasin? No

Is your facility a cold and/or warm water concentrated aquatic animal production (CAAP) facility as defined in 40 CFR 122.24? No

Has the regulatory authority designated you as a CAAP? Yes

Have discharges from your facility been previously covered under a different NPDES permit? N/A

Operator Information

Operator Name: IDAHO DEPARTMENT OF FISH AND GAME

Operator Organization's Mailing Address:
Address Line 1: 600 S. Walnut

Address Line 2: PO Box 25 **City:** Boise

ZIP/Postal Code: 83712 **State:** ID

County or Similar Division: ADA

Point of Contact Information

Facility Contact Type: Operator

First Name Middle Initial Last Name: Jamie Mitchell

Title: Fish Hatchery Manager

Phone: 208-634-2690 **Ext.:**

Email: jamie.mitchell@idfg.idaho.gov

Is your facility owned by a different entity? Yes

Owner Name: U.S. Fish and Wildlife Service

Owner Contact Information

First Name Middle Initial Last Name: Roy Elicker

Title: LSRCP Program Manager

Phone: 208-378-5321 **Ext.:**

Email: roy_elicker@fws.gov

Facility Information

Facility Information

Facility Site Name: IDFG MCCALL SUMMER CHINOOK HATCHERY

Address Line 1: 300 Mather Rd.

Address Line 2:

City: McCall

ZIP/Postal Code: 83638

State: ID

County or Similar Division: Valley

Latitude/Longitude for the Facility

Latitude/Longitude: 44.907597°N, 116.117192°W

Is your facility located on Indian Country lands? No

Are you requesting coverage under this NOI as a "Federal Operator"? No

What is the ownership type of the facility? Federal Facility (U.S. Government)

Date facility was first operated (if known): 1979-10-01

Does the facility discharge to waters of the United States that have one or more Total Maximum Daily Load (TMDLs) approved by EPA? Yes

Facility Operations and Production Information

Commercial Fish Rearing License Number (Enter N/A if not a commercial facility): N/A

Are you primarily engaged in operating fish hatcheries or preserves? Yes

Please complete the appropriate sections given your facility's operation and production process. Aquaculture for Harvesting or Release/Stocking Purposes means an aquaculture operation that is rearing fish, fish eggs, or other aquatic animals for harvesting or release/stocking purposes. Aquaculture for Acclimation Purposes means an aquaculture operation that is holding fish or other aquatic animals on a maintenance-only diet for short-term acclimation purposes.

Aquaculture for Harvesting or Release/Stocking Purposes

The following questions only apply to an aquaculture operation that is rearing fish, fish eggs, or other aquatic animals for harvesting or release/stocking purposes. Please use the following section for describing any aquaculture operation that is holding fish or other aquatic animals on a maintenance-only diet for short-term acclimation purposes.

Does the facility contain, grow, or hold fish, fish eggs, or other aquatic animals all twelve months of the year for harvesting or for release (stocking) purposes? Yes

Please identify the type of fish or other aquatic animal that your facility contains, grows, or holds in ponds, raceways, net pens, or other similar structures (check all that apply):

- ☑ Cold water fish species or other cold water aquatic animals

Cold Water Fish Production

For the next 5 years, or applicable years of the permit, estimate the single calendar year of maximum monthly production of cold-water fish species or other cold-water aquatic animals for harvesting or for release (stocking) purposes. Provide the maximum monthly amount of fish or other aquatic animals (e.g., harvest weight) on-site for that calendar year and the maximum monthly amount of food for the year of maximum production by harvest weight. If fish or other aquatic animals are released rather than harvested, list the estimated weight at time of release.

Year of Maximum Production:

Year 5

Month	Max Monthly Amount of Aquatic Animal Production (lbs)	Max Monthly Amount of Feed (lbs)
Jan	70000	3500
Feb	72000	3000
Mar	70000	3000
Apr	67000	1000
May	6500	2000
Jun	13000	2500
Jul	28000	7500
Aug	32000	7500
Sep	27000	3500
Oct	38000	5800
Nov	41000	5200
Dec	42000	3500

Aquaculture Unit Type

Describe each type of aquaculture production unit that will be used at your facility at any time during the next 5 years, or applicable years of the permit, for harvesting or for release (stocking) purposes. Separately identify units that are concrete lined versus earthen-bottomed units.

ID: 001

Aquaculture Unit Type: Flow-through System

Aquaculture Unit Description: Heath stack incubation trays

Max No. of Aquaculture Unit Type in Use: 280

Is this a new or existing aquaculture unit?: Existing

ID: 002

Aquaculture Unit Type: Flow-through System

Aquaculture Unit Description: 4-ft x 40-ft x 2-ft (water depth). Volume: 320-cu ft. Retention time: Jan-Oct

Max No. of Aquaculture Unit Type in Use: 14

Is this a new or existing aquaculture unit?: Existing

ID: 003

Aquaculture Unit Type: Flow-through System

Aquaculture Unit Description: 196-ft x 40.5-ft x 4-ft (end water depth). Volume: 23,800-cu ft. Retention time: June-April

Max No. of Aquaculture Unit Type in Use: 2

Is this a new or existing aquaculture unit?: Existing

ID: 004

Aquaculture Unit Type: Flow-through System

Aquaculture Unit Description: 101-ft x 15-ft x 4-ft (water depth). Volume: 6,060-cu ft Retention time: May-April

Max No. of Aquaculture Unit Type in Use: 1

Is this a new or existing aquaculture unit?: Existing

Species

Estimate the maximum annual production of each fish species or other aquatic animals expected for the next 5 years, or applicable years of the permit, for harvesting or for release (stocking) purposes. Provide the maximum annual amount of fish or other aquatic animals (e.g., harvest weight) on-site for the year of maximum production by harvest weight. If fish or other aquatic animals are released rather than harvested, list the estimated weight at time of release.

Species Group: Salmonids

Species Common Name: Chinook salmon

Maximum Annual Amount of Aquatic Animal Production (lbs): 72000

Species Group: Salmonids

Species Common Name: Grayling

Maximum Annual Amount of Aquatic Animal Production (lbs): 32

Species Group: Trout

Species Common Name: Rainbow/Steelhead/Golden trout

Maximum Annual Amount of Aquatic Animal Production (lbs): 16915

Species Group: Trout

Species Common Name: Cutthroat trout

Maximum Annual Amount of Aquatic Animal Production (lbs): 30

Over the next 5 years please provide an estimated maximum number of days in a calendar year with discharges from ponds, raceways, net pens, or other similar structures to waters of the United States for harvesting or for release (stocking) purposes. 365

Aquaculture for Acclimation Purposes

Concentrated Aquatic Animal Production

Based on the data you have entered in this NOI, it has been determined that your facility is not a concentrated aquatic animal production (CAAP) facility. Independent of the data you have entered in this NOI, the Regulatory Authority may designate your facility as a CAAP facility. See 40 CFR §122.24(c). The Regulatory Authority will contact you regarding this potential designation 40 CFR §122.24 defines a CAAP as a hatchery, fish farm, or other facility that contains, grows, or holds:

- Cold water fish in raceways, ponds, or other similar structures; and discharge pollutants to surface waters of the U.S. at least thirty (30) days per year; and produce 20,000 pounds harvest weight or more of cold water fish per year; and feed at least 5,000 pounds of food during the calendar month of maximum feeding.
- Warm water fish in raceways, ponds, or other similar structures; and discharge pollutants to surface waters of the U.S. at least thirty (30) days per year; and produce 100,000 pounds harvest weight or more of warm water fish per year.

Process Flow Diagram

Attach a drawing or process flow diagram of your aquaculture production. Please show all aquaculture production units, wastewater treatment units, source water intakes or waterbody surrounding net pens, monitoring locations, and discharge points (including laboratory outfalls). Include all waste stream discharges (e.g., tailraces, settling basins, fish tagging operations, laboratories, known leaks).

Please identify on the drawing or map each discharge to waters of the U.S. Use the source water and outfall identifiers that are provided in this form. Include average annual production and species for each production unit (e.g., flow and production for each flow-through system). Please identify the amount of any source water withdrawals that are not used for production. Describe any discharges to receiving waterbodies that are not waters of the United States.

Please identify on the drawing or diagram the average area size, volume, and retention time of each aquaculture unit type and source water and wastewater treatment units. Please separately identify any offline settling basins, full flow settling basins, and quiescent zones and whether these units discharge to waters of the U.S.

Name	Created Date	Size
MCFH Process Water Outfall Flow Chart.pdf	09/28/2021 10:17 AM	630.50 KB
MCFH Rearing Container Flow Chart.pptx.docx	09/22/2021 8:26 AM	70.51 KB

Source Waters

ID: 001

Source Water Name: Payette Lake

Source Water Minimum Flow Cubic Feet per Second (CFS): 13

Source Water Average Flow Cubic Feet per Second (CFS): 19

Source Water Maximum Flow Cubic Feet per Second (CFS): 23

Are solids removed from source water?: No

Months that Source water is used by facility:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Description of Source Water Treatment: N/A

Wastewater Discharges

By indicating "Yes" below, I confirm that I understand a facility is authorized to discharge to receiving waters of the United States within the State of Idaho, excluding Indian Country, under this General Permit after obtaining written authorization from EPA (see the provisions of Part II.A).

Yes

Outfall 001: Water that exits the settling basin discharges directly into the North Fork Payette River.

Outfall Type: External Outfall

Discharge Type: Constant

Is this Outfall an Offline Settling Basin? No

Outfall Application Actual Average Flow (MGD)(Conversion information: 1 cfs = 0.64632 MGD): 12.28

Latitude and Longitude of the Outfall: 44.908072°N, 116.115459°W

Receiving Water

Please provide information on the receiving waterbody. You can use the following webpage to help complete this section of the form: https://mapcase.deq.idaho.gov/wq2016/ (https://mapcase.deq.idaho.gov/wq2016/). You can contact the local regional office of the Idaho Department of Environmental Quality (see contact on webpage) if you need more assistance.

Waterbody Name:
North Fork of the Payette River

Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? No

Has a TMDL been completed for this receiving waterbody? Yes

TMDL ID	Cause of Impairment Group	Pollutant
01999	NUTRIENTS	Phosphorus, total [as P]

Outfall 002: Settling Pond Bypass

Outfall Type: External Outfall

Discharge Type: Constant

Is this Outfall an Offline Settling Basin? No

Outfall Application Actual Average Flow (MGD)(Conversion information: 1 cfs = 0.64632 MGD): 0.02584

Latitude and Longitude of the Outfall: 44.90783°N, 116.11577°E

Receiving Water

Please provide information on the receiving waterbody. You can use the following webpage to help complete this section of the form: https://mapcase.deq.idaho.gov/wq2016/ (https://mapcase.deq.idaho.gov/wq2016/). You can contact the local regional office of the Idaho Department of Environmental Quality (see contact on webpage) if you need more assistance.

Waterbody Name:
North Fork Payette River

Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? No

Has a TMDL been completed for this receiving waterbody? Yes

TMDL ID	Cause of Impairment Group	Pollutant
01999	NUTRIENTS	Phosphorus, total [as P]

Outfall 003: Facility Total

Outfall Type: Sum

Waterbody Name:

Outfall 004: "Mother Board" - Rearing Pond Supply Water Bypass

Outfall Type: External Outfall

Discharge Type: Intermittent

Is this Outfall an Offline Settling Basin? No

Average Intermittent Discharge Frequency (days per month): 1.14

Outfall Application Actual Average Flow (MGD)(Conversion information: 1 cfs = 0.64632 MGD): 8.656

Latitude and Longitude of the Outfall: 44.90737°N, 116.11647°W

Receiving Water

Please provide information on the receiving waterbody. You can use the following webpage to help complete this section of the form: https://mapcase.deq.idaho.gov/wq2016/ (https://mapcase.deq.idaho.gov/wq2016/). You can contact the local regional office of the Idaho Department of Environmental Quality (see contact on webpage) if you need more assistance.

Waterbody Name:
North Fork Payette River

Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? No

Has a TMDL been completed for this receiving waterbody? Yes

TMDL ID	Cause of Impairment Group	Pollutant
01999	NUTRIENTS	Phosphorus, total [as P]

Outfall 005: "Sand Trap" - Hatchery Building Supply Water Cleanout

Outfall Type: External Outfall

Discharge Type: Constant

Is this Outfall an Offline Settling Basin? No

Outfall Application Actual Average Flow (MGD)(Conversion information: 1 cfs = 0.64632 MGD): 0.0865

Latitude and Longitude of the Outfall: 44.90717°N, 116.11668°W

Receiving Water

Please provide information on the receiving waterbody. You can use the following webpage to help complete this section of the form: https://mapcase.deq.idaho.gov/wq2016/ (https://mapcase.deq.idaho.gov/wq2016/). You can contact the local regional office of the Idaho Department of Environmental Quality (see contact on webpage) if you need more assistance.

Waterbody Name:
North Fork Payette River

Is the receiving water listed as impaired on the 303(d) list and in need of a TMDL? No

Has a TMDL been completed for this receiving waterbody? Yes

TMDL ID	Cause of Impairment Group	Pollutant
01999	NUTRIENTS	Phosphorus, total [as P]

Attach a map of the area around the facility that shows the exact location of the facility's ponds, raceways, net pens, and other structures associated with production (e.g., laboratories, support platforms), water sources, water intake and wastewater discharge points and monitoring locations (with unique and consistent labels) and fish release locations (if any). Please indicate on the map the receiving waterbody at each water intake, wastewater discharge, monitoring location, and fish release location. The map should be based upon corresponding 7.5-minute quadrangle US Geologic Survey (USGS) map (1:24,000 scale), and can be downloaded here (https://ngmdb.usgs.gov/topoview/). Please indicate any solids dewatering/composting or land application locations (if applicable). Make sure to use the outfall ID number for any outfalls identified on this form.

Name	Created Date	Size
MCFH Rearing Container Flow Chart.pptx.docx	09/28/2021 10:05 AM	70.51 KB
MCFH Process Water Outfall Flow Chart.pdf	09/28/2021 10:03 AM	630.50 KB
McCall Hatchery Map (3).jpg	07/29/2021 10:06 AM	1.02 MB

Drugs, Disinfectants, and Other Chemicals

Medication Usage

Do you plan on using medications for fish or other aquatic animals at this facility at any time during the next five years? Yes

ID: 001

Name of Medical Compound: Formalin- Formalin-F, Formacide B, or Parasite-S

Reason for Use: Used for treatment for external parasites and fungus on fish and fish eggs.

Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L): 44

Estimated Maximum Quantity Active Ingredient Used per Application: 20 kg

Is this an Investigational New Animal Drug?: No

Identify the Month(s) Used:

Aug Sep Oct

Average Frequency of Application (Estimate of Average Applications per Month(s) Used): 31

Method of Application: Flow-through

ID: 002

Name of Medical Compound: PVP Iodine (Ovadine)

Reason for Use: Used for disinfection and treatment of fungus on fish eggs in stacks.

Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L): 44

Estimated Maximum Quantity Active Ingredient Used per Application: 20 kg

Is this an Investigational New Animal Drug?: No

Identify the Month(s) Used:

Aug Sep Oct Jun Jul

Average Frequency of Application (Estimate of Average Applications per Month(s) Used): 31

Method of Application: Flow-through

ID: 003

Name of Medical Compound: MS222 (Tricaine Methanesulfonate)- Tricaine-S

Reason for Use: Used as a fish anesthetic.

Estimated Maximum Quantity Active Ingredient Used per Application: 0.001 kg

Is this an Investigational New Animal Drug?: No

Identify the Month(s) Used:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Average Frequency of Application (Estimate of Average Applications per Month(s) Used): 10

Method of Application: Static Bath

ID: 004

Name of Medical Compound: Oxygen

Reason for Use: Therapeutic treatment during hauling for life support.

Estimated Maximum Quantity Active Ingredient Used per Application: 900 kg

Is this an Investigational New Animal Drug?: No

Identify the Month(s) Used:

May Apr Jun Jul Aug Sep Oct

Average Frequency of Application (Estimate of Average Applications per Month(s) Used): 31

Method of Application: Flow-through

ID: 005

Name of Medical Compound: Salt (NaCl)

Reason for Use: Therapeutic treatment for external parasites and fungus on fish and fish eggs.

Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L): 0.01

Estimated Maximum Quantity Active Ingredient Used per Application: 25 kg

Is this an Investigational New Animal Drug?: No

Identify the Month(s) Used:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Average Frequency of Application (Estimate of Average Applications per Month(s) Used): 31

Method of Application: Flow-through

ID: 006

Name of Medical Compound: Aquaflor (Florfenicol)

Reason for Use: Bacterial disease control

Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L): 0.09

Estimated Maximum Quantity Active Ingredient Used per Application: 0.001 kg

Is this an Investigational New Animal Drug?: No

Identify the Month(s) Used:

Jun Jul Aug

Average Frequency of Application (Estimate of Average Applications per Month(s) Used): 31

Method of Application: Medicated Feed

Chemical Usage

Do you plan on using disinfectants, biocides, anti-fouling agents or other treatments at this facility at any time during the next five years? Yes

ID: 001

Name of Chemical or Treatment: Aquashade (Color Indicator)

Purpose: Chemical treatment indicator dye.

Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L): 0.01

Estimated Maximum Quantity Active Ingredient Used per Application (kg): 0.001

Frequency of Use (Estimated Applications per Month in Operations): 31

Method of Application: Flow-through

ID: 002

Name of Chemical or Treatment: Chlorine

Purpose: Disinfection or trucks, tool and rearing units.

Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L): 0

Estimated Maximum Quantity Active Ingredient Used per Application (kg): 0.6

Frequency of Use (Estimated Applications per Month in Operations): 10

Method of Application: Static Bath

Please describe how you use chlorine at your facility: Chlorine used for disinfection and left in place to dry (not discharged to Waters of the United States).

ID: 003

Name of Chemical or Treatment: Sodium Thiosulfate (Na Thiosulfate)

Purpose: Chemical neutralization.

Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L): 0

Estimated Maximum Quantity Active Ingredient Used per Application (kg): 1.5

Frequency of Use (Estimated Applications per Month in Operations): 10

Method of Application: Static Bath

ID: 004

Name of Chemical or Treatment: Argentyne (PVP Iodine) egg disinfection

Purpose: Disinfection of fish eggs.

Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L): 0

Estimated Maximum Quantity Active Ingredient Used per Application (kg): 0.19

Frequency of Use (Estimated Applications per Month in Operations): 20

Method of Application: Static Bath

ID: 005

Name of Chemical or Treatment: Aqua Des

Purpose: Tank and equipment dissinfection

Estimated Maximum Concentration Active Ingredient in your Effluent (mg/L): 680

Estimated Maximum Quantity Active Ingredient Used per Application (kg): 43.5

Frequency of Use (Estimated Applications per Month in Operations): 1

Method of Application: Static Bath

Additional Information

Best Management Practices (BMP) Plan

In accordance with this permit, the permittee is required to develop a Best Management Practices (BMP) Plan. I am certifying that I understand that a BMP Plan for this facility must be developed and include the following topics as applicable for your facility production systems:

- Flow-through/Recirculating BMPs - solids control, materials storage, structural maintenance, recordkeeping, and training.

- Net Pen BMPs - feed management, waste collection and disposal, transport or harvest discharge, carcass removal, materials storage, maintenance, recordkeeping, and training.

I confirm that the following are true:

- The BMP Plan has been reviewed and endorsed by the facility manager
- The BMP Plan is being implemented by trained employees
- The BMP Plan is complete and is available upon request to IDEQ
- The individuals responsible for implementation of the BMP Plan have been properly trained

Quality Assurance (QA) Plan

Federal regulations at 40 CFR § 122.41(e) require permittees to properly operate and maintain their facilities, including “adequate laboratory controls and appropriate quality assurance procedures.” To implement this requirement, the GP requires the permittee develop or update a QAP to ensure that the monitoring data submitted to the IDEQ are complete, accurate, and representative of the environmental or effluent conditions.

I confirm that the following are true:

- The QA Plan has been reviewed and endorsed by the facility manager
- The QA Plan is being implemented by trained employees
- The QA Plan is complete and is available upon request to IDEQ
- The individuals responsible for implementation of the QA Plan have been properly trained

Please use the space below to provide an explanation for the changes you are submitting.

> To ensure that the violations and areas of concern identified during the ID DEQ MCFH facility inspection on July 7th, 2021 have been fully corrected. The infrastructure change to outfall 005 will be completed by December 31st, 2021, (Installation of new valves and a flowmeter).

Name	Created Date	Size
2021 MCFH QAP Cert.pdf	09/28/2021 10:16 AM	292.10 KB
2021 MCFH IPDES QAP.docx	09/28/2021 10:08 AM	1017.16 KB

Certification Information

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

Certified By: Jamie Mitchell

Certifier Title: Fish Hatchery Manager

Certifier Email: jamie.mitchell@idfg.idaho.gov

Certified On: 09/28/2021 1:41 PM ET